Mailing Address: 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019

Website: www.seattle.gov/dpd **Hours:** M, W, F: 7:30-5:30 T, Th: 10:30-5:30



Work Site Address:					Zip:				
Work Activity	Location (floor, a	apt, room, etc.)	:						
Occupancy:	ncy: Single Family Multi-		nily Co	ommercial		Institutional		Industrial	
Description of Work:									
	Owner	Tenant		State Lic	ense #:				
				City of Seattle Bus Lic#:					
Name:				Name:					
	,					•			
Phone: ()			Phone: (1			
Fax: ()			Fax: ()			
Address:		Ap	ot/Ste:	Address:				Apt/Ste:	
City/State:		Zi _l	p:	City/Stat	te:			Zip:	
Size of the pressure vessel (diameter or width x length) in square feet:									
National Board/Serial #:					cturer:				
	Heated by ELECTI Heated by COMBL	Power input in Kilowatts: Heating surface of the <u>boiler</u> in square feet:							
Burner Rep	placement	utomatic Certification Boiler Monitoring System					ng System		
Burner Ratin	g: 0-12,500,000 BTU/hr		Over 12,500,000 BTU/hr			Fuel Type:	Gas Oil Gas	Propane Wood/Solid Propane	
(For Fuel 1) Burner Ratin	1: 0-12,500,000 BTU/hr		Over 12,500,000 BTU/hr			Fuel Type:			
(For Fuel 2)	9. 0 12,300,000	, 510/111	0101 12/300/0	,00 210,111		ruer ryper	Oil	Wood/Solid	
NOTE: All components external to the building must comply with Seattle Noise Ordinances SMC 25.08.410 and 25.08.420; reference information available at www.seattle.gov/dpd									
I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.									
Signature:	Date of Application:								
	Contractor or Owner	or Authorized Agent)						
PAYMENT & MA	AILING INSTRUCTIO	NS:							
Pay by Check Mail checks to: DPD, P.O. Box 34234. Seattle, WA 98124-1234 DPD USE ONLY:									

NOTE: Permit application requests & any request to make changes to a permit that is received via fax or email are processed within 2 working days from the date we receive them.

for a credit card number

☐ Mail Permit ☐ Mail & Fax Permit

Permit #:

Permit Fee:

Revised: January 2010

Call me at

☐ Charge my escrow (ADA) account #

Choose one of the following options:

☐ Hold Permit for Pick-Up ☐ Mail & Email Permit to:									
NOTE: Permit application requests & any request to make changes to a permit that email are processed within 2 working days from the date we receive them.	is received via fax or								
Revised: January 2010									